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Follow-up to UNAIDS Programme Coordinating Board Meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

I. Context

1. The AIDS epidemic is one of the world's most significant public health and development crises. In less than three decades, nearly 60 million people have been infected with HIV and more than 25 million have died of AIDS. Since 2001, there has been an extraordinary expansion of HIV programmes and funding that is beginning to bear fruit in turning the tide against the epidemic. New infections have recently declined and access to treatment has expanded significantly.

2. Nevertheless, AIDS continues to be a leading cause of mortality globally, and the leading cause of death in sub-Saharan Africa. Based on the *2008 Report on the global AIDS epidemic*, an estimated 2.7 million people were newly infected with HIV in 2007, bringing the number of people living with HIV to an estimated 33 million. And whilst treatment access has increased considerably, 2 million people died of AIDS-related illnesses in 2007, and almost 70 per cent of people in need of treatment are not receiving it. Despite a marked increase in coverage, HIV prevention programmes still fail to reach many people at risk of acquiring HIV, including sex workers, men who have sex with men and injecting drug users. And while the global percentage of women among people living with HIV has remained stable at 50 per cent over the past decade, in sub-Saharan Africa, women make up 60 per cent of people living with HIV, with young women particularly vulnerable. Effective prevention for discordant married couples, where one partner has HIV and the other does not, is especially challenging.

3. The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the efforts and resources of 10 United Nations system organizations[1] and a secretariat in an innovative partnership to halt the spread of HIV and mitigate its impact. UNDP and UNFPA are founding Cosponsors of UNAIDS, and work together with the UNAIDS secretariat and other Cosponsors to facilitate an expanded response to

[1] UNAIDS Cosponsors include ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WHO, WFP and the World Bank.

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AIDS by supporting and engaging the efforts of key sectors and diverse partners from government and civil society.

4. In June 2003, the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) held a joint meeting to address the recommendations of the first five-year evaluation of UNAIDS, contained in document UNAIDS/PCB(13)/02.2. The joint meeting discussed the implications of the evaluation recommendations for UNDP, UNFPA, UNICEF and WFP, and addressed UNAIDS operational and governance issues. As a result, members of the Executive Boards agreed that follow-up to UNAIDS Programme Coordinating Board (PCB) meetings be placed as a regular item on the Boards' agendas.

5. The current report, presented jointly by UNDP and UNFPA, focuses on implementation of decisions from the 23rd PCB meeting, held in December 2008, as well as plans for follow-up on the decisions of the 24th PCB meeting held in June 2009. The report focuses on several key issues addressed during those meetings that were of particular relevance to UNDP and UNFPA, including: (a) the 2010-2011 UNAIDS unified budget and workplan (UBW); (b) intensifying action on gender equality and AIDS; (c) partnerships between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria; (d) progress in the second independent evaluation of UNAIDS; (e) UNAIDS participation in One UN pilots; and (f) HIV, forced displacement and migrant populations.

II. 2010-2011 UNAIDS unified budget and workplan

6. The UNAIDS unified budget and workplan is a unique instrument which combines in a joint programme the work of the 10 UNAIDS Cosponsors and the secretariat, with the aim of maximizing the coherence, coordination and impact of the United Nation's response to AIDS. The 2010-2011 UBW was developed through an inter-agency process, with a focus on prioritizing progress towards the goal of universal access to HIV prevention, treatment, care and support, and contributing to the achievement of the Millennium Development Goals (MDGs). In addition, a UBW performance monitoring framework was designed through a collaborative process to monitor and assess results and to increase accountability.

7. In April 2009, the UNAIDS Executive Director and the Executive Heads of cosponsoring organizations agreed on a new 2009-2011 UNAIDS outcome framework, to guide the strategic focus of the 2010-2011 UBW. The framework prioritizes eight outcome areas for intensified, joint and focused action by the UNAIDS Cosponsors and secretariat, in order to accelerate progress towards universal access and the MDGs. These priorities include: (a) preventing mothers from dying and babies from becoming infected with HIV; (b) ensuring people living with HIV receive treatment; (c) preventing people living with HIV from dying of tuberculosis; (d) protecting drug users from becoming infected with HIV; (e) removing punitive laws, policies and practices, stigma and discrimination that block effective responses to AIDS; (f) stopping violence against women and girls; (g) empowering young people to protect themselves from HIV; and (h) enhancing social protection for people affected by HIV. In addition, prevention of sexual transmission of HIV, which accounts for 80 per cent of new HIV infections globally, has been recognized as a key priority for the UNAIDS Cosponsors and secretariat.

8. Within the framework of the UBW, UNDP and UNFPA will implement a set of strategic and complementary activities to support achievement of the priority outcomes. These activities are based on the agreed UNAIDS division of labour, and aligned to the respective UNDP and UNFPA 2008-2011 strategic plans (the plans have subsequently been extended to 2013 by the UNDP/UNFPA Executive Board). UNDP will focus on strengthening linkages between action on HIV and broader development

efforts, building capacity for effective coordination of national and local HIV responses, promoting HIV-related human rights, supporting programming for women, girls and gender equality in national AIDS responses, addressing HIV and sexual diversity, and strengthening implementation of Global Fund programmes. UNFPA will focus on advancing an integrated approach to the delivery of sexual and reproductive health and HIV policies, programmes and services, including preventing HIV infection and ensuring the provision of sexual and reproductive health services and commodities to those living with HIV; strengthening linkages between sexual and reproductive health and HIV; and national capacity-building in forecasting, procurement, quality assurance, warehousing, distribution and logistics management information systems for reproductive health commodities.

9. Taking account of the effects of the economic crisis, the 2010-2011 UBW maintains the same budgetary level as the current 2008-2009 workplan. The new UBW, which was presented to the PCB in June 2009, focuses on strategic efforts by prioritizing the outcomes identified in the UNAIDS outcome framework, to optimize investments and results. Following its presentation, the PCB endorsed the outcome framework and the priority areas of the UBW, and approved the proposed distribution of resources among the 10 UNAIDS Cosponsors, the secretariat, and inter-agency activities. The PCB also endorsed the UBW performance monitoring framework, and agreed that it should be used by all constituencies to meet reporting needs for UNAIDS.

10. Members of the PCB also expressed concern about the effects of the economic crisis on HIV prevention, treatment and care. As a result, the PCB requested the UNAIDS secretariat and Cosponsors to report at its next meeting on the anticipated impact of the crisis on countries' ability to meet their universal access targets, and to include recommendations and mitigation strategies. Under the leadership of the World Bank, a working group has been established with UNDP, UNFPA, the UNAIDS secretariat and other Cosponsors, to develop strategies and recommendations for addressing the likely impacts of the crisis on responses to AIDS. The UNAIDS Cosponsors and secretariat recognize the imperative of maintaining investments in the global AIDS response to sustain the progress achieved so far, and to contribute to wider health, development and gender equality efforts.

III. Intensifying action to address women, girls, gender equality and HIV

11. Gender inequality and unequal power relations between women and men continue to be major drivers of HIV transmission. Globally women make up half of all people living with HIV, but there are considerable regional variations in the proportion of women among people living with HIV. In sub-Saharan Africa, 60 per cent of people living with HIV are female, and nine Southern African countries account for just over 40 per cent of the world's HIV-positive women. Gender-based violence, challenges in negotiating safer sex and other manifestations of gender inequality are closely associated with the risk of women being infected with HIV. Gender inequality and harmful gender norms are not only associated with the spread of HIV but also with its consequences. Women and girls bear a disproportionate burden of providing care to families affected by AIDS, and women who disclose their HIV-positive status often face greater stigma than men. Gender norms and expectations also influence male sexuality, risk-taking and vulnerability to HIV.

12. In December 2008, the PCB requested the establishment of an inter-agency strategy to address HIV and women and girls. As the lead UNAIDS agency on gender and HIV, UNDP coordinated an inter-agency process, working with UNFPA, the UNAIDS secretariat and Cosponsors and UNIFEM to develop a UNAIDS action framework for addressing women, girls, gender equality and HIV. The framework is aimed at intensifying efforts towards a comprehensive gender-transformative AIDS response that

advances universal access for women and girls. It focuses on action in three areas where the UNAIDS Cosponsors, secretariat, and UNIFEM can bring specific and unique contributions: (a) strengthening strategic guidance and support to national partners to "know their epidemic and response" in gender terms; (b) assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs of women and girls in the context of HIV; and (c) advocacy, capacity-strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV.

13. The draft action framework was presented to the PCB in June 2009, following consultations with diverse stakeholders. The PCB welcomed the framework and requested its finalization and operationalization by October 2009, with a progress report to the PCB in June 2010. The UNAIDS Executive Director was also requested to appoint an advisory working group to support development, implementation and monitoring of an operational plan. In addition, governments, donors and the UNAIDS Cosponsors and secretariat were urged to significantly expand efforts to address inequality between men and women, gender-based violence, and harmful gender-based practices and norms as major drivers of HIV.

14. UNDP and UNFPA have prioritized efforts to increase attention to gender equality in HIV programmes, in collaboration with the UNAIDS secretariat and Cosponsors, UNIFEM and the Global Coalition on Women and AIDS. UNDP facilitated the convening of an inter-agency working group to accelerate UNAIDS and UNIFEM support on gender equality and HIV, and constituted an expert group to inform the development of an initiative that is building regional technical support capacity for scaling up gender-based responses at country level. UNDP also led the constitution of a parallel inter-agency working group to coordinate action relating to sexual diversities, in partnership with UNFPA, the UNAIDS secretariat, UNESCO, UNODC and WHO. The working group developed a UNAIDS action framework to address HIV among men who have sex with men and transgender populations, which was launched in May 2009.

15. In parallel to supporting interagency collaboration, UNDP focuses on several key areas to ensure that national AIDS programmes address critical gender linkages, promote gender equality and empower women. This includes supporting gender analysis of national epidemics and gender assessments of AIDS programmes to identify key issues, gaps and challenges. UNDP assists countries in integrating gender-responsive approaches into AIDS strategies and operational plans, and enhances capacity of women living with HIV and women's groups to participate in and implement responses to AIDS. HIV programmes also focus on promoting property and inheritance rights of women and girls, addressing gender-based violence, tackling stigma and discrimination against women affected by HIV, and promoting the role of men and boys in championing gender equality.

16. Expanded efforts to address HIV and gender equality are visible globally and in all regions. In the Asia and Pacific region, UNDP launched a practitioner's guide on women and HIV to promote country action to reduce vulnerability, working with UNFPA, UNIFEM and other partners. To build the capacity of United Nations staff and national stakeholders on gender and AIDS, UNDP, the World Bank and the UNAIDS secretariat collaborated to conduct a multi-stakeholder training for nine Southern African countries on integrating gender and human rights dimensions in national AIDS responses. Global and regional technical support has been provided to several countries including India and Kenya for the expansion of gender programming in national HIV strategies. To inform and strengthen HIV programmes, UNDP is supporting research on spousal transmission of HIV, and has conducted qualitative research on HIV vulnerabilities of Asian migrant women in seven countries in the Arab States.

Assessments of laws relating to women's property and inheritance rights, sex work, and trafficking have been undertaken, in addition to initiatives to economically empower women living with HIV. UNDP is also participating in the Men Engage steering committee, and provided support to the global symposium on engaging men and boys in achieving gender equality.

17. UNDP country offices across regions have also prioritized efforts to ensure that HIV responses advance gender equality and empower women. In addition to strengthening mainstreaming of gender in HIV programming, a key area of focus has been jointly integrating gender priorities and HIV responses into national development plans and processes. In Botswana, for example, UNDP has widely advanced joint gender and HIV mainstreaming in national and sectoral development plans. In Papua New Guinea, support was provided for integration of action to address gender inequality in the national HIV-prevention strategy. Another area of focus is strengthening leadership and engagement of women in AIDS responses. In Nigeria and Mexico, capacity-building efforts helped to increase participation of women and leadership among women's groups in national planning and coordination processes. In Indonesia, support was provided to the establishment of the first national network of HIV-positive women, and in Nepal, assistance to 36 community-based organizations led by women enabled HIV-related outreach to 2,000 women, as well as comprehensive care and support for women living with HIV across five districts.

18. UNDP also promotes programmes that focus on addressing the needs of women with HIV. In Cameroon, for example, particular attention has been given to economically empowering women living with HIV, while in Lithuania, a vulnerability study was implemented to analyse specific vulnerabilities and needs of HIV positive women. Programmes to tackle gender-based violence and unequal power relations have been supported in several countries. In Mozambique assistance was provided to parliamentarians for the development of a law to address domestic violence. In Namibia, community conversations were implemented to address unequal gender power relations and facilitate gender responsive programming at community level. In Barbados, UNDP and UNIFEM are collaborating to better integrate understanding of masculinity to achieve positive outcomes linking HIV, gender equality and human rights. These efforts have helped to strengthen HIV initiatives, and link action on gender with action on AIDS for more integrated and effective programming.

19. UNFPA support has contributed to increased demand for, access to and utilization of quality prevention services for HIV and other sexually transmitted infections (STIs), especially for women, young people and other vulnerable groups, including populations of humanitarian concern. In Brazil, UNFPA along with other United Nations agencies and partners supported the Government to develop, launch and implement the Integrated Plan to Confront the Feminization of the HIV Epidemic – the first initiative of its kind in Latin America. This pioneering plan is critical in a country where infection rates among women increased by 44.5 per cent between 1996 and 2005, which meant that HIV-positive women represented up to 40.2 per cent of registered cases in 2005. In Zimbabwe, UNFPA supported efforts to promote an enabling environment for safer sexual behaviours and for increased uptake of HIV-prevention services by contracting eight new implementing partners to cover eight provinces in 26 districts with 87 full-time HIV-prevention staff, 26 of whom are openly living with HIV in support of the Meaningful Involvement of People Living with HIV initiative. In Paraguay, UNFPA supported the National Programme against AIDS, specifically in prevention of mother-to-child HIV transmission, resulting in an increase from 4 per cent HIV testing in pregnant women in 2005 to 64 per cent in 2007. And, through the Fund's support to the Turkish Armed Forces Reproductive Health Education Programme, which provides up-to-date sexual reproductive health and gender-based violence prevention information to young soldiers, approximately 400,000 soldiers were trained on reproductive health and HIV prevention in 2008.

20. UNFPA supported and participated in the *Global symposium on engaging men and boys in achieving gender equality* held in Brazil from 23 March to 3 April 2009. Based on the outcomes of the meeting and in line with the UNFPA strategic framework on gender mainstreaming and women's empowerment, 2008-2011, which iterates the engagement of men and boys in gender equality as one of the six priority areas, UNFPA will continue to advocate, programme and allocate resources to better ensure that men and boys are involved as partners throughout gender equality programming and policy efforts. In part, this will entail building the evidence base which includes existing social technologies (i.e., interventions with a proven impact on the promotion of social change) on early socialization and male involvement. In recognizing that much of the successes to date in the field of male involvement and masculinities have been small scale, UNFPA will work at the policy level, along with pursuing other applicable strategies, to support scaling-up efforts.

21. To provide guidance and technical direction, UNFPA published and disseminated key advocacy tools, action briefs and guidance documents including *Make it Matter: Ten Key Advocacy Messages to Prevent HIV in Girls and Young Women; Guidance Package on Sexual and Reproductive Health for People Living with HIV*; three additional *Report Cards on Preventing HIV in Girls and Young Women* for Indonesia, Mexico and Peru; the *Guidance Note on Women, Girls and HIV;* case studies from Haiti and Kenya – *Linking Sexual and Reproductive Health and HIV/AIDS: Gateways to Integration; Joint statement on female initiated HIV-prevention methods;* a *Technical Guidance Note on Comprehensive Condom Programming*; and seven technical papers on the vulnerability of young women and girls to HIV in hyper-endemic African countries. Through the UNFPA-UNICEF joint programme and trust fund on female genital mutilation/cutting, increased advocacy for the abandonment of the practice and reduction of the risk of HIV contraction is taking place in Djibouti, Ethiopia, Guinea, Guinea-Bissau and Kenya. UNFPA supported advocacy while providing technical assistance for the development of legal frameworks relating to HIV prevention in Malawi and domestic violence in Zimbabwe.

22. Support towards intensifying country-led programmes on prevention of violence against women resulted in the participation of 10 countries (Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, Philippines, Rwanda and Yemen) in a joint programme on violence against women from which seven baseline assessments were conducted, national in-country multi-stakeholder workshops on joint programming were held and joint national committees were established in Burkina Faso, Fiji, Jordan, Kyrgyzstan, Paraguay, Rwanda and Yemen, and two multi-stakeholder joint programming proposals were developed and are being implemented in the Philippines and Rwanda. In each of the countries, UNFPA has also been designated as the lead implementing agency by the United Nations country team. The capacity of staff was strengthened through workshops to facilitate a human rights-based approach to UNFPA programming in gender-based violence prevention and to address discrimination against women and girls in responding to AIDS.

23. UNFPA strengthened the capacity of staff and its partners for male involvement in reproductive health programmes in Fiji, Solomon Islands, United Republic of Tanzania and Vanuatu, resulting in increased male awareness, knowledge and participation in reproductive health. In Brazil, UNFPA supported the dissemination of a tool kit to involve young men in HIV-prevention programming from a gender perspective. UNFPA was represented and provided leadership in the United Nations Task Force on Women, Peace and Security, the United Nations Inter-Agency Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises, and the United Nations Trust Fund to Eliminate Violence against Women. UNFPA provided critical inputs and technical assistance to various outputs related to the work of these task forces.

IV. Partnerships between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria

24. The 23rd PCB meeting held in December 2008 included a thematic segment focusing on the relationship between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The thematic segment followed from the adoption of a new memorandum of understanding between UNAIDS and the Global Fund in June 2008, which provides a framework for cooperation as well as a definition of complementary roles and shared goals for the Global Fund and the UNAIDS secretariat and Cosponsors.

25. Following the thematic segment, the PCB requested the UNAIDS secretariat and Cosponsors to work with the Global Fund to advance mutual goals, including support for implementation of Global Fund HIV grants and assistance to countries to reduce duplication between national AIDS coordinating authorities and Global Fund country coordinating mechanisms. The PCB also requested UNAIDS to update its technical support and capacity development strategy, noting that technical support frequently focuses on problem-solving rather than longer-term capacity-building.

26. In follow-up, the UNAIDS secretariat and Cosponsors defined a road map for a consultative process to prepare a technical support strategy. The secretariat convened a working group with representation from UNFPA and UNDP to guide development of a strategy that helps to improve quality assurance and enhance coordination and communication among technical assistance providers. The technical support strategy is expected to be finalized in January 2010, following consultations with regional and national stakeholders and the Global Implementation Support Team (GIST) that is currently chaired by UNFPA and includes representation from UNDP, the UNAIDS secretariat, the World Bank, WHO, UNICEF, the Global Fund, governments and civil society.

27. GIST is also sharing the results of its 2008 workplan with the strategy working group, including outcomes from support to 10 countries in developing national costed technical support plans based on needs assessments. Under the leadership of the UNAIDS secretariat, technical support planning guidelines have been developed, building on the experience from the countries supported to date. The technical support plans have been an excellent platform to promote effective coordination of technical assistance at country level. This is enhanced by the Coordination of AIDS Technical Support database, which has been established as an accountability tool for monitoring and reporting on progress against commitments made by international partners. In addition, through the 70% Success Coalition, set up by GIST, UNFPA participates in providing technical support aimed at achieving a 70 per cent success rate for approval of Global Fund HIV proposals. UNDP and UNFPA have provided support to development of Global Fund proposals across regions, strengthening attention to gender equality, women and girls, as well as other vulnerable population groups.

28. In relation to the strategic provision of technical support, UNFPA is developing an internal concept note which proposes principles for the UNFPA role in the provision of technical assistance for national capacity development in the context of rapidly changing internal and external environments. The draft concept note utilizes the insights within the *Principles for Technical Support* developed by the Global Implementation Support Team, and sets out next steps towards defining a UNFPA strategy for technical assistance for national capacity development, with improved South-South and triangular cooperation at the heart of this approach. The goal is to ensure that the technical assistance brokered by UNFPA, and all other partners, is of high quality, relevant, demand-driven, provides a clear value-added and contributes towards achieving national outcomes. A complementary operational guidance note, focused on building national capacity development, is under development. These documents will also

form part of the background materials to inform the UNAIDS technical support strategy that is curre under development.

29. Through an important partnership with the Global Fund, UNDP is intensively suppor development of national capacities to implement grants for AIDS, tuberculosis and malaria circumstances where no suitable national principal recipient has been identified to manage Global F grants, countries have requested UNDP to play that role by providing financial and programm oversight for grants. UNDP is currently principal recipient in 26 countries, managing 63 grants total almost $900 million. In an additional eight countries, UNDP is providing intensive capacity-buil support to national principal recipients to strengthen management and implementation of Global F programmes. The grants managed by UNDP have achieved notable results including (as of mid-2 provision of: HIV voluntary counselling and testing services to 2.25 million people; antiretro treatment to almost 100,000 people; community outreach activities targeting over 13 million pe prevention of mother-to-child transmission services to over 25,000 women; antimalarial treatmer almost 10 million people; detection and treatment of over 420,000 cases of tuberculosis; and distribu of 6.3 million bed nets.

V. Progress in the second independent evaluation of UNAIDS

30. The second independent evaluation of UNAIDS was initiated in 2008 to assess the effective and outcomes of UNAIDS at global, regional and country levels, including the secretariat, Cospons and the PCB. The evaluation is addressing a number of critical issues, such as the evolving rol UNAIDS within a changing global environment; the governance and administration of UNAIDS joint programme; "Delivering as One" and the division of labour between the UNAIDS secretariat Cosponsors; strengthening health systems; involving and working with civil society; human rights gender dimensions of the epidemic; and technical support to national AIDS responses.

31. Progress reports on the evaluation were presented to the PCB in December 2008 and in 2009. The evaluation team has completed field visits to 12 countries, as well as headquarters and cou consultations with Member States, the UNAIDS secretariat and Cosponsors, and civil society. In 2009, the evaluation team presented its preliminary findings to a global stakeholder consultat providing an opportunity for discussion on the initial findings, perceived gaps and priority issues. final evaluation report will be presented to the Chair of the PCB in October 2009, and will be the ce focus of discussion at the 25th meeting of the PCB in December 2009. UNDP and UNFPA will w together with the UNAIDS secretariat and Cosponsors to develop a management response to evaluation report and to establish a process for follow-up and implementation of the evalua recommendations.

VI. UNAIDS participation in One UN country pilots

32. At its 20th meeting in June 2007, the PCB discussed the role of UNAIDS in supporting Un Nations reform efforts and recommended the continual documentation of the joint programm contribution to United Nations coherence and "Delivering as One". The PCB requested a detailed re on UNAIDS participation in One UN country pilots, which was presented at its 24th meeting in J 2009.

33. The report to the PCB highlighted the experience and challenges of the UNAIDS mode informing United Nations reform efforts. As a joint and cosponsored programme, UNAIDS advances

principles of "Delivering as One" through mechanisms such as the UNAIDS division of labour, the UBW, and joint United Nations teams on AIDS at country level. The joint programme has helped to increase coherence and reduce duplication of efforts by defining complementary roles and responsibilities for the Cosponsors and secretariat, and by promoting joint planning, budgeting and monitoring. At the same time, the "Delivering as One" agenda has informed and strengthened the joint programme to more effectively coordinate a multisectoral United Nations response to AIDS.

34. Following presentation of the report, the PCB requested the UNAIDS secretariat and Cosponsors to strengthen their individual and collective capacity for effective involvement in, and contribution to, the "Delivering as One" agenda, and to prioritize processes that give a clearer and stronger strategic focus for UNAIDS as a joint programme. It further requested the UNAIDS secretariat to continue to assess the performance of joint United Nations teams on AIDS in all countries, and examine the outcomes and impact of UNAIDS participation in "Delivering as One" pilot countries for application in all countries where it has a presence.

35. UNDP and UNFPA are committed to promoting "Delivering as One" and are actively participating in joint United Nations teams on AIDS at country level. UNFPA has expanded HIV-focused staffing at country level to strengthen participation in joint teams, and UNDP has prioritized capacity-building support to increase effective functioning of joint teams and promote joint programmes of support at country level, including through the resident coordinator system. These efforts have helped to increase United Nations system collaboration and coordination at country level, and strengthen joint support to national AIDS programmes.

VII. People on the move – forced displacement and migrant populations

36. The thematic segment of the 24th PCB meeting in June 2009 focused on the theme of HIV and people on the move, drawing attention to the vulnerability of mobile populations to HIV, as well as to the impact of HIV on them. The thematic segment encompassed four broad areas: mobility and labour; economic drivers and pull factors for mobility; forced displacement and humanitarian situations; and HIV-related travel restrictions. The segment highlighted a number of critical issues, including gender-based violence in humanitarian settings; links between HIV, economic survival strategies and vulnerability of women and children; stigma and discrimination against persons living with HIV; and legislation that undermines access to HIV services for people on the move.

37. As a result of the thematic segment discussions, the PCB requested the UNAIDS secretariat and Cosponsors to ensure that staff facilitate the incorporation of mobile populations into regional and national AIDS strategies, and to support governments in harmonizing laws and policies on HIV testing to ensure adherence to internationally accepted standards that include informed consent, confidentiality, counselling, and proper referral to treatment, care and support services. The PCB also called for paying particular attention to HIV-specific restrictions on entry, stay and residence to ensure that people living with HIV are not excluded, detained or deported on the basis of HIV status.

38. UNDP and UNFPA are contributing to UNAIDS efforts to strengthen HIV programmes for people on the move, including migrants and populations of humanitarian concern. UNFPA is collaborating with the UNAIDS secretariat and the United Nations Department of Peacekeeping Operations (DPKO) to address the spread of HIV among uniformed personnel. UNDP and DPKO are chairing the inter-agency working group on disarmament, demobilization and reintegration, which is also working to strengthen integration of AIDS concerns. In the Asia and Pacific region and the Arab States,

UNDP is implementing initiatives to reduce vulnerability of migrant women to HIV, and to address links between HIV, unsafe mobility and human trafficking. UNDP and UNFPA are also partnering to implement programming at country level; in Sudan, for example, joint efforts are focusing on addressing gender-based violence through disarmament, demobilization and reintegration programmes.

VIII. Conclusion

39. The work of UNAIDS, including the complementary contributions of UNDP and UNFPA, has helped to support and advance national, regional and global responses to AIDS. As highlighted in the 2009 Report of the Secretary-General on Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/63/812*), reporting from 147 countries shows that important progress had been made in the AIDS response, including in the areas of treatment access and prevention of mother-to-child transmission. However, significant challenges continue to hamper the response. Efforts to sustain and further expand treatment access, prevention of mother-to-child transmission, and appropriate linkages between HIV and sexual and reproductive health services are all constrained by organizational and financial weaknesses in health systems. Stigmatization of marginalized populations and of people living with HIV has always undermined prevention and care efforts, but there is still inadequate investment in and evidence about how to overcome discrimination and human rights abuses. Efforts to respond to HIV both outside and inside the health sector need to be made more strategic and cost-effective, with a view to both short-term results and long-term challenges.

40. The global economic crisis threatens the significant gains achieved in the AIDS response, as well as efforts to address the considerable challenges that remain. A July 2009 UNAIDS and World Bank report entitled *The Global Economic Crisis and HIV Prevention and Treatment Programmes: Vulnerabilities and Impact* points out that HIV prevention programmes are in particular jeopardy, with survey respondents from 34 countries – representing 75 per cent of people living with HIV – indicating that there is already an impact on HIV-prevention programmes for most-at-risk populations such as sex workers, people who inject drugs and men who have sex with men.

41. Recognizing that success in the AIDS response advances wider development, health and gender equality efforts, UNFPA and UNDP are committed to maintaining the momentum to achieving universal access to HIV prevention, treatment, care and support. The HIV epidemic requires a sustained and long-term response to address and mitigate its long-range challenges and impacts. To achieve this, the UNAIDS secretariat and Cosponsors are reinvigorating efforts towards universal access, working together with people living with HIV, governments and civil society. They are also committed to partnering with global movements for development, health, human rights, and gender equality to ensure that their collective efforts are synergistic and contribute to the achievement of all MDGs.